

FILL IN THE FOLLOWING PAGES AS ACCURATELY AND COMPLETELY AS POSSIBLE. PLEASE TYPE OR PRINT NEATLY; IF FORMS ARE NOT LEGIBLE THEN YOU MAY NOT BE SELECTED FOR THE ENCAMPMENT OR SPECIAL ACTIVITY THAT YOU WANT TO ATTEND.

CAP FORM 31 NOV 96 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. CONTINUE ON TO BACK

### TO BE COMPLETED BY FLIGHT AND GROUND INSTRUCTOR APPLICANTS

FAA CERTIFICATES AND RATINGS		CFI CERTIFICATE NUMBER & EXPIRATION DATE	MEDICAL CERTIFICATE CLASS & DATE
TOTAL FLIGHT TIME IN HOURS	TOTAL FLIGHT TIME IN HOURS (Last 12 Months)	AIRCRAFT FLOWN (Last 12 Months)	
TOTAL FLIGHT INSTRUCTION GIVEN IN HOURS	FLIGHT INSTRUCTION GIVEN IN HOURS (Last 12 Months)	AIRCRAFT FLOWN IN INSTRUCTION (Last 12 Months)	
TOTAL SOLO ENDORSEMENTS	TOTAL SOLO ENDORSEMENTS (Last 12 Months)	AIRCRAFT FLOWN IN SOLOS ENDORSED (Last 12 Months)	
CAP FORM 5 CHECKRIDE DATE	AIRCRAFT MAKES & MODELS AUTHORIZED ON CAPF 5	PLEASE INCLUDE A COPY OF YOUR PILOT LOGBOOK FOR THE LAST 12 MONTHS AND A COPY OF YOUR CURRENT CAPF 5 WITH THIS APPLICATION.	

### TO BE COMPLETED BY MAINTENANCE OFFICER APPLICANTS

FAA CERTIFICATES AND RATINGS	CERTIFICATE NUMBER & EXPIRATION DATE
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### TO BE COMPLETED BY INTERNATIONAL AIR CADET EXCHANGE APPLICANTS

FOREIGN LANGUAGE EXPERIENCE											
LANGUAGE	SPEAKING ABILITY			WRITING ABILITY			OVERALL UNDERSTANDING				
	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		
	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		

COUNTRY PREFERENCE (Countries are announced each year in the November issue of the <i>Civil Air Patrol News</i> .)		
1.	2.	3.

AIRPORT INFORMATION (List the Name, City, and State of the two closest major airports within 250 miles of your home. This information will be used to purchase your airline ticket once selected.)	
1.	2.

**RELEVANT EXPERIENCE** (Use this section to relate any CAP or non-CAP experiences that could have a beneficial impact on your being selected to attend the special activity or encampment that you have requested. Use an additional sheet if necessary, but please limit additional documentation.)

**MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS**

*This information is for Official Use Only and will not be released to unauthorized persons. Answer all questions as accurately as possible so that special activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you.*

HAVE YOU EVER HAD AN FAA OR OTHER FLIGHT PHYSICAL DENIED, SUSPENDED, OR REVOKED? ☐ NO ☐ YES (Give the date and reason in the remarks section.)

DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops) ☐ NO ☐ YES (List any medication taken and the reason in the remarks section.)

HAVE YOU HAD OR BEEN INVOLVED IN AN ACCIDENT IN THE PAST 2 YEARS? ☐ NO ☐ YES (Explain the extent of your injuries and treatment required in the remarks section.)

HAVE YOU HAD OR HAVE NOW ANY OF THE FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)

<input type="checkbox"/> NO <input type="checkbox"/> YES	Frequent or severe headaches	<input type="checkbox"/> NO <input type="checkbox"/> YES	Ear infections	<input type="checkbox"/> NO <input type="checkbox"/> YES	Chronic diseases like Diabetes or Bronchitis
<input type="checkbox"/> NO <input type="checkbox"/> YES	Dizziness or fainting spells	<input type="checkbox"/> NO <input type="checkbox"/> YES	Rupture	<input type="checkbox"/> NO <input type="checkbox"/> YES	Girls only - Menstrual cramps
<input type="checkbox"/> NO <input type="checkbox"/> YES	Unconsciousness for any reason	<input type="checkbox"/> NO <input type="checkbox"/> YES	Positive TB skin test	<input type="checkbox"/> NO <input type="checkbox"/> YES	Other illness or accidents
<input type="checkbox"/> NO <input type="checkbox"/> YES	Eye trouble, excluding glasses	<input type="checkbox"/> NO <input type="checkbox"/> YES	Epilepsy or fits	<input type="checkbox"/> NO <input type="checkbox"/> YES	Military rejection or medical discharge
<input type="checkbox"/> NO <input type="checkbox"/> YES	Hay fever	<input type="checkbox"/> NO <input type="checkbox"/> YES	Kidney stones or blood in urine	<input type="checkbox"/> NO <input type="checkbox"/> YES	Rejection for life insurance
<input type="checkbox"/> NO <input type="checkbox"/> YES	Sugar or albumin in urine	<input type="checkbox"/> NO <input type="checkbox"/> YES	Motion sickness	<input type="checkbox"/> NO <input type="checkbox"/> YES	Admission to hospital
<input type="checkbox"/> NO <input type="checkbox"/> YES	Heart trouble	<input type="checkbox"/> NO <input type="checkbox"/> YES	Nervous trouble of any sort	<input type="checkbox"/> NO <input type="checkbox"/> YES	Record of traffic convictions
<input type="checkbox"/> NO <input type="checkbox"/> YES	High or low blood pressure	<input type="checkbox"/> NO <input type="checkbox"/> YES	Any known allergies	<input type="checkbox"/> NO <input type="checkbox"/> YES	Record of other convictions
<input type="checkbox"/> NO <input type="checkbox"/> YES	Stomach trouble	<input type="checkbox"/> NO <input type="checkbox"/> YES	Any drug or narcotic habit	<input type="checkbox"/> NO <input type="checkbox"/> YES	Attempted suicide
<input type="checkbox"/> NO <input type="checkbox"/> YES	Asthma	<input type="checkbox"/> NO <input type="checkbox"/> YES	Chronic or recurring injuries	<input type="checkbox"/> NO <input type="checkbox"/> YES	Medical treatment within the last 5 years other than regular office visits or physicals

**IMMUNIZATIONS**

FAMILY PHYSICIAN (Name, address, and phone number)

**INSURANCE INFORMATION**

☐ Medical

Company

Policy Number

☐ Liability

Company

Policy Number

**EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY**

Name

Relationship

Address

Day Telephone

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Night Telephone

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**REMARKS**

### RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk and responsibility for an assignment to participate in this activity or encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or a student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

DATE

SIGNATURE OF APPLICANT

### RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above. In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history of injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

DATE

WITNESS FOR FATHER'S SIGNATURE

FATHER OR LEGAL GUARDIAN

WITNESS FOR MOTHER'S SIGNATURE

MOTHER OR LEGAL GUARDIAN

### SQUADRON CERTIFICATION

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates. This applicant is the \_\_\_\_\_ choice of \_\_\_\_\_ cadets/seniors in this squadron applying for \_\_\_\_\_.

SQUADRON COMMANDER

### WING CERTIFICATION (Mandatory for all but Region Staff Applicants)

This applicant is the \_\_\_\_\_ choice of \_\_\_\_\_ cadets/seniors in this Wing applying for \_\_\_\_\_.

WING COMMANDER / BOARD PRESIDENT

### REGION CERTIFICATION (IACE Escorts and Region Staff Applicants Only)

This applicant is the \_\_\_\_\_ choice of \_\_\_\_\_ cadets/seniors in this Region applying for \_\_\_\_\_.

REGION COMMANDER

### APPLICATION CHECKLIST

- ☐ APPLICATION IS FILLED OUT COMPLETELY AND LEGIBLY, AND HAS ALL SUPPORTING DOCUMENTATION ATTACHED
- ☐ APPROPRIATE NUMBER OF COPIES OF APPLICATION HAVE BEEN MADE (3 FOR NATIONAL CADET SPECIAL ACTIVITIES)
- ☐ REQUIRED SIGNATURES HAVE BEEN OBTAINED
- ☐ CHECK(S) OR MONEY ORDER(S) IS(ARE) ATTACHED IF REQUIRED (CHECKS ARE MAILED SEPARATELY FOR NATIONAL CADET SPECIAL ACTIVITIES)
- ☐ COPIES HAVE BEEN FORWARDED OR RETAINED AS REQUIRED (FOR NATIONAL CADET SPECIAL ACTIVITIES MEMBERS RETAIN ONE COPY, FORWARD ONE TO THEIR WING REVIEW BOARD, AND FORWARD THE THIRD COPY TO NATIONAL HEADQUARTERS BY 31 JANUARY AT THE FOLLOWING ADDRESS:

HQ CAP/CP  
105 SOUTH HANSELL STREET  
MAXWELL AFB AL 36112-6332